Clinical criteria for diagnosing anaphylaxis.¹*

Anaphylaxis is highly likely when any 1 of the following 3 criteria is fulfilled following exposure to an allergen:

1. **Acute onset of an illness** (minutes to several hours) **with involvement of the skin, mucosal tissue, or both** (e.g. generalized hives, pruritis or flushing, swollen lips-tongue-uvula) and at least 1 of the following:
   - a. **Respiratory compromise** (e.g. dyspnea, wheeze-bronchospasm, stridor, reduced PEF†, hypoxemia)
   - b. **Reduced BP‡** or associated symptoms of end-organ dysfunction (e.g. hypotonia [collapse], syncope, incontinence)

2. **2 or more of the following that occur rapidly after exposure to a likely allergen for that patient** (minutes to several hours):
   - a. **Involvement of the skin-mucosal tissue** (e.g. generalized hives, itch-flush, swollen lips-tongue-uvula)
   - b. **Respiratory compromise** (e.g. dyspnea, wheeze-bronchospasm, stridor, reduced PEF, hypoxemia)
   - c. **Reduced BP** or associated symptoms (e.g. hypotonia [collapse], syncope, incontinence)
   - d. **Persistent gastrointestinal symptoms** (e.g. painful abdominal cramps, vomiting)

3. **Reduced BP after exposure to a known allergen for that patient** (minutes to several hours):
   - a. **Infants and children:** Low systolic BP (age specific) or greater than 30% decrease in systolic BP§
   - b. **Adults:** Systolic BP of less than 90 mmHg or greater than 30% from that person’s baseline

* These criteria need to be subjected to a prospective, multicentre clinical trial to establish their utility and determine whether there is a need for further refinement.
† PEF = Peak expiratory flow
‡ BP = Blood pressure
§ Low systolic blood pressure for children is age-specific and defined as: <70 mmHg for age 1 month to 1 year, <70 mm Hg + [2 x age] for age 1 to 10 years, <90 mmHg for age 11 to 17 years.
Indications and Clinical use:
• EpiPen® and EpiPen Jr® Auto-Injectors are indicated for the emergency treatment of anaphylactic reactions in patients who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.
• Select dose according to patient’s body weight.
• Inject into the outer thigh.
• Following treatment of anaphylaxis, the patient must call 911.

There are no absolute contraindications to the use of epinephrine in a life-threatening allergic situation.

Relevant Warnings and Precautions:
• Avoid use of epinephrine in patients with cardiogenic, traumatic, or hemorrhagic shock, cardiac dilation, cerebral arteriosclerosis, organic brain damage, and narrow-angle glaucoma.
• Use with caution in patients with cardiac arrhythmias, coronary artery or organic heart disease, hypertension and hyperthyroidism
• Sulfite sensitivity
• Diabetes
• Parkinson’s disease
• Not intended as a substitute for immediate medical care, the patient should seek immediate medical or hospital care
• More than two sequential doses of epinephrine should only be administered under direct medical supervision
• The patient/carer should be informed about the possibility of biphasic anaphylaxis
• Epinephrine should only be injected into the anterolateral aspect of the thigh. Hold child’s leg firmly during injection
• Suboptimal effect in patients with a thick subcutaneous fat layer
• Injection site infections

For More Information:
Please consult the prescribing information at www.pfizer.ca/pm/en/EPIPEN.pdf for more information relating to adverse reactions, drug interactions, and dosing information, which has not been discussed in this piece. The prescribing information is also available by calling 1-800-463-6001.

References: